



State of New Hampshire  
Department of Health and Human Services  
Office of Homeless, Housing and Transportation  
Services

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**HOMELESS ASSISTANCE  
PROGRAMS  
REQUEST FOR PROPOSALS  
&  
APPLICATION FOR FUNDING:**

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New Hampshire Emergency Shelter State Grant-In-Aid  
State Fiscal Years 2008 & 2009 (07/01/2007-06/30/2009)

Stewart B. McKinney Emergency Shelter Grant  
Calendar Years 2007 & 2008  
And

Projects for Assistance in Transition from Homelessness  
(PATH)

State Fiscal Years 2008 & 2009 (07/01/2007-06/30/2009)

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Main Building, Room 236S  
105 Pleasant Street  
State Office Park South  
Concord, NH 03301  
Tel. 603-271-5142

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## 1. General Information

Some proposal requirements have changed. Be sure you read this entire document so that you know what information is required and may organize your responses accordingly.

## 2. Instructions, Conditions, & Notices to Applicants

To expedite the State's RFP process and maintain a workable contracting schedule, this RFP anticipates the issuance of enabling federal RFPs to the State by HUD (McKinney ESG) and the Substance Abuse and Mental Health Services Administration (PATH). In the event of a conflict between this RFP and the prospective federal RFPs, the federal RFPs shall govern. To the extent that the federal RFP requirements should differ from those set forth herein, the State reserves the right to require successful applicants to amend their proposals accordingly before entering negotiations and/or making an award. The State also reserves the right to rescind this RFP in whole or in part, at any time, in the event that anticipated federal RFPs are not issued, or that funding is not available.

### ***Separate Proposals***

A separate proposal must be submitted for Each:

- Emergency Shelter,
- Prevention/Intervention project, and
- PATH project.

Each proposal will be separately evaluated and awarded. Applicants may propose multiple projects, but each program requires a separate proposal that will stand alone.

### ***Pre-Proposal Conference***

A **mandatory** pre-proposal conference will be held on Thursday, October 12, 2006 from 1:00-3:00 p.m. at the Main Building, Tom Fox Memorial Chapel Conference Room, State Office Park South, Concord, NH 03301.

Prospective applicants are required to call Anne Pocock of the Office of Homeless, Housing and Transportation Services (OHHTS) at (603) 271-5142 to confirm their attendance and obtain any necessary directions.

### ***Submittal Deadline***

An original hard copy proposal (please do not bind or staple) and one additional copy (a copy on CD, floppy disk, or emailed in Microsoft Word compatible format to [jmaynard@dhhs.state.nh.us](mailto:jmaynard@dhhs.state.nh.us) is preferred), **due no later than 4:00 p.m. on Tuesday, November 14, 2006** at:

Office of Homeless, Housing and Transportation Services  
Main Building, Room 236S  
105 Pleasant Street  
State Office Park South  
Concord, NH 03301

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A Fax submittal will not be accepted. The hard copy submittal must be received prior to the submittal deadline and shall remain the official, governing version of the proposal for evaluation. Late submissions will not be evaluated unless it is: (a) determined by the OHHTS that the late receipt was due solely to mishandling by the State after receipt at 105 Pleasant Street (Main Building), Concord; or (b) the only proposal received.

### ***Formatting Requirements***

Font style.....12-pt. Times New Roman  
Line spacing.....one and a half  
Text justification .....flush left  
Margins .....1 inch all around  
Headers & Footers .....Each page shall have organization name/agency and program applied for (i.e., Emergency Shelter, Prevention/Intervention, or PATH) noted in the upper left corner. Pages shall be numbered. Footers may be used for numbering pages and identifying sections.  
Tabs.....Do not include section tabs.  
Binding.....Do not bind or staple.

### ***Inquiries by Prospective Applicants***

All questions regarding this Request for Proposal shall be directed **in writing** to:

Office of Homeless, Housing and Transportation Services  
ATTN: JoAnn Maynard (email: [jmaynard@dhhs.state.nh.us](mailto:jmaynard@dhhs.state.nh.us))  
105 Pleasant Street  
State Office Park South  
Concord, NH 03301

Questions must be submitted via U.S. mail, email, courier, or confirmed fax to (603) 271-5139 no later than 12:00 Noon on October 31, 2006 in order to allow a reply to reach all prospective applicants (as evidenced by attendance at the mandatory Pre-Proposal Conference) before submittal deadline. Unless provided at the Pre-Proposal Conference, oral explanations or instructions given before grant award will not be binding. Any information given to a prospective applicant concerning the solicitation will be furnished promptly to all other prospective applicants as an amendment of the solicitation if, in the sole judgment of the OHHTS, that information is necessary in submitting offers or if the lack of it would be prejudicial to other prospective applicants.

For additional RFP information, you may visit the Office of Business Operations, DHHS website: <http://www.dhhs.nh.gov/DHHS/OBO/LIBRARY/RFP/default.htm>.

### ***Notices***

#### **NEW HAMPSHIRE EMERGENCY SHELTER RULES**

Prospective applicants are advised that He-M 314, *Rights of Persons Using Homeless Shelters*, has been implemented by the Department of Health and Human Services for providers and clients of homeless shelter services in the state. Compliance with He-M 314 is mandatory.

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**COMPLIANCE WITH FEDERAL COST PRINCIPLES**

PATH and McKinney ESG grants are subject to federal cost principles, including 45 CFR Part 74 if grantee is a non-profit entity, educational institution, or hospital, and 45 CFR Part 92 if a State or local government entity. Federal grant funds may be used only for expenses clearly related and necessary to carry out the approved activities, including both direct costs that can be specifically identified with the project, and allowable and allocable indirect costs.

**REPORTING**

Applicants whose proposals are successful will be required to submit reports and updates required by respective funding sources in accordance with the terms and conditions of their contract(s). Specific contract language will be finalized prior to contracting. All funded programs shall ensure that accurate and timely data is reported to the NH Homeless Management Information System (HMIS) as appropriate and use HMIS to provide data reports to the state. Other reports may be required at the discretion of the state.

Programs that receive Stewart B. McKinney Emergency Shelter Grant funds are also required to report information for HUD's Integrated Disbursement and Information System (IDIS).

Programs that receive PATH funding shall also provide quarterly reports to the state as well as annual reports submitted via the PATH online reporting system.

***Proposal Evaluation Process***

Proposals must conform to all terms and conditions set forth in this RFP. Proposals from individuals or organizations who, in the sole judgment of the OHHTS, are deemed unlikely or unable to comply with all terms and conditions set forth in this RFP may be considered not responsible and excluded from evaluation. Proposals that do not conform to all RFP requirements, in the sole judgment of the OHHTS, may be considered non-responsive and excluded from evaluation. The OHHTS reserves the right to appoint committees with expert internal and/or external membership to evaluate and rank proposals.

**EVALUATION FACTORS**

All responsible and responsive proposals received by the submittal deadline will be evaluated on evaluation factors set forth below.

<b><i>No.</i></b>	<b><i>Emergency Shelter Proposal Evaluation Factors</i></b>	<b><i>Maximum Points</i></b>
1	Program design and need for project	20
2	Use of outcome/performance measures and outcomes achieved	15
3	Cost effectiveness and leveraging of resources	20
4	Local Service Delivery Area coordination/collaboration	20
5	Soundness of (program) approach	10
6	Compliance with rules, statutes, and life safety codes	5
7	Staff experience & credentials	10
8	Increase in bed capacity	5 Bonus
9	Increase in prevention intervention or essential services	10 Bonus
<b>Maximum Total Points:</b>		<b>115</b>

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<i>No.</i>	<i>PATH Proposal Evaluation Factors</i>	<i>Maximum Points</i>
1	Serving largest PATH eligible populations cost effectively	20
2	Program design with emphasis on services to the literally homeless	20
3	Inclusion of consumers in all aspects of program	10
4	Compliance with statutes, rules, and contract provisions	10
5	Local Service Delivery Area coordination, and leveraging of resources	10
6	Use of outcome/performance measures and outcomes achieved	10
7	Emphasis on services to veterans	10
8	Staff diversity & cultural competency training and inclusion	10
<b>Maximum Total Points:</b>		<b>100</b>

**AWARD**

Emergency Shelter, Prevention/Intervention, and PATH proposals will be evaluated and ranked separately. Subject to the availability of funds, awards will be made to responsible applicants whose proposal conforms to all requirements of the solicitation **and has earned a score of at least 65 points**. Award priority will be determined by point ranking, from the maximum downward. The OHHTS reserves the right to: (a) award an amount that differs from the amount proposed; (b) fund an award from sources other than those requested; and (c) negotiate with any responsive and responsible applicant to determine specific terms of a grant agreement and budget.

***Special Rule Regarding Substance Use (PATH)***

No award under the PATH program will be made to any applicant, which excludes individuals from mental health services due to the existence or suspicion of substance abuse, or excludes individuals from substance abuse services due to the existence or suspicion of mental illness.

***Coordination of Services (PATH)***

As specified in Section 522(c) of the Public Health Service Act, the State will make awards under the PATH program only to entities that have the capacity to provide, directly or through arrangements, the services specified in Section 522(b) of the Public Health Service Act, including coordinating the provision of services in order to meet the needs of eligible homeless individuals who have both a mental illness and a substance use disorder.

### 3. Purpose

With the goal of alleviating and ameliorating homelessness in New Hampshire, the Office of Homeless, Housing and Transportation Services, a unit of the Department of Health and Human Services, solicits proposals from eligible entities to provide a range of critical services to homeless persons throughout the state. Solicited services include emergency shelter (including transitional shelter), prevention/intervention, essential/supportive services and PATH outreach services. Funding is contemplated as follows:

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- Emergency or transitional shelter and prevention/intervention supportive services may be funded (at OHHTS' sole discretion) through either the federal *Stewart B. McKinney Emergency Shelter Grant* (McKinney ESG) program, or other funding which may be available, hereinafter collectively referred to as the "Emergency Shelter" programs.
- PATH services designed to assist homeless persons suffering from serious mental illness or co-occurring serious mental illness and substance use disorders will be funded from the federal *Projects for Assistance in Transition from Homelessness* (PATH) grant program. The total PATH funding availability for New Hampshire in this performance period is anticipated to be \$300,000.

Awards will be competitive, based on evaluation factors set forth in this Request for Proposal (RFP). Any proposed project funding increases over current federal plus state grant levels shall be substantiated by the applicant's description of increased services. Successful applicants will propose innovative and cost-effective approaches that partner and leverage their strengths with the resources of the community to progress toward the goal of permanent housing. Successful applicants will also document participation within their Continuum of Care Local Service Delivery Area, as well as regular input from homeless and previously homeless persons to ensure the application of services responsive to the needs of homeless or at-risk participants.

## ***Terminology***

### **CHRONIC HOMELESSNESS**

An unaccompanied homeless individual with a disabling condition who has either: been continuously homeless for a year or more or has had at least 4 episodes of homelessness in the past 3 years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living in the streets) and/or in an emergency shelter during that time.

### **CO-OCCURRING SERIOUS MENTAL ILLNESS AND SUBSTANCE USE DISORDERS**

The term co-occurring disorders describes individuals who have at least one serious mental disorder and a substance use disorder, where the mental disorder and substance use disorder can be diagnosed independently of each other.

### **EMERGENCY SHELTER**

Non-permanent/non-transitional shelter, which is crisis-oriented and designed to meet the basic needs of homeless clients. Emergency shelter is characterized by limited services and maximum ease of client access, without obligation other than to observe house rules.

### **HOMELESS INDIVIDUAL**

An individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional shelter.

### **LITERALLY HOMELESS INDIVIDUAL (FOR PATH PURPOSES)**

A person who lacks housing and is sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter. (This does NOT include persons living in transitional or permanent housing.)



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**IMMINENT RISK OF BECOMING HOMELESS**

An individual whose housing status is precarious as evidenced by one or more of the following criteria: doubled-up living arrangement where the individual's name is not on the lease, an individual whose independent financial functioning has been seriously impacted by an occurrence of a major life event such as major medical problems, natural disaster, unemployment, or personal crises that presents a potential loss of housing, living in a condemned building without a place to move, in arrears in rent/utility payments, having received an eviction or notice without a place to move, living in temporary or transitional housing that carries time limits, being discharged from a health care or criminal justice institution without a place to live.

**SERIOUS MENTAL ILLNESS**

For PATH purposes, Serious Mental Illness generally refers to persons ages 18 or over with a diagnosable mental disorder of such severity and duration as to result in functional impairment that substantially interferes with or limits major life activities.

**TRANSITIONAL SHELTER**

Time-limited shelter (up to 24 months in duration) featuring a mandatory but varying set of supportive services to clients that always includes case management. Transitional shelter is regarded as a “bridge” to permanent housing for the client, and is provided subject to a contract obligating clients’ participation in such appropriate supportive services as are provided by the agency or accessed by case managers.

## 4. Service Definitions & Requirements

Proposals are solicited for emergency and transitional shelter or prevention/intervention activities under the following programs:

Program Title	Contract Term
McKinney ESG	Calendar Year 2007 & 2008*
NH Emergency Shelter SGIA	State Fiscal Years 2008 & 2009 (07/01/2007-06/30/2009)

*\*(Contracts will be for one year with option to renew for the second year.)*

### ***Emergency Shelter***

This program provides funding support to eligible emergency or transitional shelter facilities which maintain as their primary purpose the provision of temporary shelter for the homeless in general, or for specific subpopulations of homeless persons. Emergency shelters may provide extended stays that allow shelter occupants time and services necessary to obtain transitional or permanent housing upon leaving the program. Transitional shelter provides housing and supportive services that will facilitate the movement of homeless individuals and families to

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permanent supportive housing within 24 months. Eligible emergency and transitional shelter activities are:

**ESSENTIAL SERVICES**

This includes the cost of staff that provide services concerned with employment, health, mental health, drug abuse and education/training and may include (but are not necessarily limited to):

1. Assistance in obtaining permanent housing;
2. Medical and psychological counseling and supervision;
3. Employment counseling;
4. Nutrition counseling;
5. Substance abuse treatment counseling; and
6. Assistance in obtaining other Federal, State, and local assistance including mental health benefits, employment counseling, medical assistance, veteran's benefits, and income support assistance such as SSI, TANF, General Assistance and Food Stamps.

**OPERATIONS**

Such activities include emergency or transitional shelter maintenance, operation (including administration), rent, repair, security, fuels and equipment, insurance, utilities and furnishings.

**CAPITAL COSTS**

NH law, RSA 126-A:27 does allow New Hampshire Emergency Shelter State Grant-In-Aid funds to be used on an equal matching formula for the capital costs of renovation, major rehabilitation, or conversion of buildings for use as emergency shelters for the homeless. (Applicants should be aware that funding for this purpose is extremely limited.)

***Homeless Prevention/Intervention***

These are activities/programs designed to prevent the incidence of homelessness. Activities include (but are not necessarily limited to):

1. Short-term subsidies to defray rent and utility arrearages for families that have received eviction or utility termination notices;
2. Security deposits for first month's rent to permit a homeless family to move into its own apartment;
3. Mediation programs for landlord-tenant disputes;
4. Legal services programs for the representation of indigent tenants in eviction proceedings;
5. Payments to prevent foreclosure on a home; and
6. Other innovative programs and activities designed to prevent the incidence of homelessness.

## **McKinney ESG Requirements**

To find more information regarding the federal McKinney ESG program, you will find the McKinney ESG Desk Guide at:

<http://www.hud.gov/offices/cpd/homeless/library/esg/esgdeskguide/introduction.cfm>

## **Projects for Assistance in Transition from Homelessness (PATH)**

Proposals are solicited for PATH activities during State Fiscal Year 2008, July 1, 2007 - June 30, 2008 and State Fiscal Year 2009, July 1, 2008 – June 30, 2009. Contracts will be for one year with an option to renew for the second year.

The PATH program was established to help states and territories provide community-based services for people with serious mental illness or who are suffering from serious mental illness and have a substance use disorder; and who are homeless or at imminent risk of becoming homeless. PATH has the following objectives:

1. Improving access to mainstream mental health services for homeless people with serious mental illness;
2. Targeting PATH funds to those services that are not being provided and to those clients who are not being served;
3. Identifying and evaluating program outcomes;
4. Providing a range of housing choices that meet consumer needs; and
5. Developing services for people who have a dual diagnosis of serious mental illness and a substance use disorder.

### **ELIGIBLE ACTIVITIES/SERVICES**

The State of New Hampshire's implementation of the PATH program emphasizes active outreach to PATH eligible individuals who must have: (a) serious mental illness; or (b) co-occurring serious mental illness and substance abuse disorders and are homeless or at imminent risk of becoming homeless.

**Please Note: *PATH proposals in this competition are expected to focus on outreach to the literally homeless PATH eligible population.***

PATH outreach is the process of bringing individuals into treatment who do not access traditional services. Outreach results in increased access to and utilization of community services.

Active outreach is defined as face-to-face interaction with literally homeless people in streets, in shelters, under bridges, and in other non-traditional settings. In active outreach, workers seek out homeless individuals. Outreach may also include outreach to service sites frequented by homeless people, such as a shelter, food kitchen or community resource center, and direct face to face contact occurs at the site.

Eligible activities under the PATH program include outreach services; screening and diagnostic treatment services; community mental health services; alcohol or other drug treatment services; staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals

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require services; case management services; and referrals for primary health services. Case management services solicited will also include providing assistance to the eligible homeless individual in obtaining income support services such as housing assistance, food stamps, and supplemental security income benefits. A detailed list of eligible activities/services may be found in Section 7, Technical Proposal, *Intended Use Plan*, Item 1.

**SPECIAL CONSIDERATION REGARDING VETERANS\TC \L3 "SPECIAL CONSIDERATION REGARDING VETERANS\**

As specified in Section 522(d) of the federal Public Health Service Act, in making grants using PATH appropriations, the State must give special consideration to applicants with a demonstrated effectiveness in serving homeless veterans. This requirement is reflected in the PATH proposal evaluation factors.

**RESTRICTIONS ON USE OF FUNDS\TC \L3 "RESTRICTIONS ON USE OF FUNDS\**

Funds awarded must be used to supplement, not supplant, existing services to eligible individuals.

No more than 20 percent of Federal PATH funds may be expended for housing services. As specified in Section 522(b)(10) of the Public Health Service Act, eligible housing services are restricted to: minor renovation, expansion, and repair of housing; planning of housing; technical assistance in applying for housing assistance; improving the coordination of housing services; security deposits; the costs associated with matching eligible homeless individuals with appropriate housing situations; and **one-time** rental payments to prevent eviction.

No PATH payments will be made to support emergency shelters, construction of housing facilities, inpatient psychiatric treatment costs, inpatient substance abuse treatment costs; to provide emergency shelter or to pay for space in a hotel, rooming house, campground, to pay for any other short or long term housing expenses; or to make cash payments to intended recipients of mental health or substance abuse services.

The basis for determining allowability and allocability of costs charged to any PATH contract awarded pursuant to this solicitation is 45 CFR 92.22, the Public Health Service Grants Policy Statement, and the authorizing legislation for the PATH program.

Funds awarded shall not be used to pay the salary of an individual through a grant or other extramural mechanism at a rate in excess of Executive Level 1 of the Federal Executive Pay Scale, or \$183,500 effective January 1, 2006.

**UNIQUE PATH PROPOSAL REQUIREMENTS**

***Intended Use Plan***

A proposal requirement unique to PATH is the *Intended Use Plan*. The outline for this plan is set forth under Section 7. To the extent that the federal RFP requirements differ from those set forth herein, the State reserves the right to require successful applicants to amend their proposals accordingly as required by the federal application process.

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## 5. Application Elements Checklist

### ***Technical Proposal***

The following lists elements of the Proposal for each proposal type.

<b>Emergency Shelter or Prevention Intervention</b>	
<b>Proposal Project Summary &amp; Application Certification</b> Use form provided in Section 6	
<b>Project Abstract</b> (No more than 6 pages)	
<b>Intended Use Plan</b> (Not required)	
<b>Cost Proposal</b> (Include Detailed 12 Month Budget and Budget Narrative of no more than 3 pages)	
<b>Match Commitment Letter(s)</b> Funding is contingent upon receipt of Match Commitment documentation	
Names and addresses for current board of directors – Indicate current date and list board positions for each member	
Current résumés of executive director and other key personnel (showing present employment)	
Copy of 501(c) 3 designation	
Copy of agency policies: conflict of interest, code of ethics; and if a shelter, house rules and grievance procedures	
Copy of most recent fire/safety inspection and/or occupancy permit (Shelter programs only)	
<b>Application Elements Checklist</b>	

<b>PATH</b>	
<b>Proposal Project Summary &amp; Application Certification</b> Use form provided in Section 6	
<b>Project Abstract</b> (No more than 6 pages)	
<b>Intended Use Plan</b> (No more than 4 pages)	
<b>Cost Proposal</b> (Include Detailed 12 Month Budget and Budget Narrative of no more than 3 pages)	
<b>Match Commitment Letter(s)</b> Funding is contingent on receipt of Match Commitment documentation	
Names and addresses for current board of directors – Indicate current date and list board positions for each member	
Current résumés of executive director and other key personnel (showing present employment)	
Copy of agency policies: conflict of interest and code of conduct	
Copy of 501(c) 3 designation	
<b>Application Elements Checklist</b>	

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## 6. Proposal Project Summary

A) Check type of project for which funding is requested:

- ☐ Emergency shelter  
☐ Transitional shelter  
☐ Other homeless prevention intervention services \_\_\_\_\_  
☐ PATH

B) Name and Address of Organization:

Service Address (if different than above):

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Proposed service	Bed capacity		Service capacity		Budget	
	No. of beds available past 12 months	No. of beds proposed	No. of clients served past 12 months	No. of clients proposed to be served	OHHTS funding in last 12 months	12-month amount requested from OHHTS
PATH services					\$	\$
Prevention/ Intervention services					\$	\$
Temporary shelter (Emergency)					\$	\$
Temporary shelter (Transitional)					\$	\$
Specialty shelter:						
Domestic Violence					\$	\$
Mental Illness					\$	\$
Substance Abuse					\$	\$
Youth/Young Adults					\$	\$
Other _____						
<b>Total</b>					<b>\$</b>	<b>\$</b>

C) Portion of total funding request for: ☐ Continuation of Existing Program \$ \_\_\_\_\_

☐ New activity \$ \_\_\_\_\_ ☐ Capacity Expansion \$ \_\_\_\_\_

(If requesting funding for capacity expansion or new activity describe it in detail in your response to question 6b of the Project Abstract found on page 13 of the request for proposals document.)

D) Population served:

☐ Men \_\_\_\_\_ ☐ Women \_\_\_\_\_ ☐ Families \_\_\_\_\_

NH DHHS

Office of Homeless, Housing and Transportation Services

RFP 07-OPO-OHHTS-Homeless-01

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**Shelters only:**

- E) What is the average length of stay of residents? \_\_\_\_\_
- F) What was the date of the most recent shelter Fire & Safety inspection? A copy of the inspection report/certificate must be submitted with your funding application.
- G) 1. Is the shelter you provide accessible according to the Americans with Disabilities Act (ADA) and the federal Fair Housing Act? ☐ Yes ☐ No ☐ N/A  
2. If the answer to G1. is No, describe your plan to meet ADA compliance requirements, the time frame within which you will be able to comply, and the projected cost to meet compliance:

**PATH providers only:**

- H) If your agency provided PATH services last year, what percentage of clients outreached was literally homeless? \_\_\_\_\_
- I) What percentage of clients was chronically homeless? \_\_\_\_\_
- J) What is the estimated number of individuals with serious mental illness who are homeless within your service area's population? \_\_\_\_\_
- K) How did you arrive at this estimate?

***Application Certification***

I, the undersigned, certify that I am authorized to represent the applicant agency, that to the best of my knowledge and belief, data in this application is true and correct, that the document has been duly authorized by the governing body of the applicant organization, that the applicant organization is empowered by statute to perform the functions and provide the services encompassed by the project proposed, and that the applicant organization will comply with all State and Federal laws and regulations in implementing the proposed project if it is selected for funding.

Signature of Authorized Official: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Authorized Official: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

## 7. Technical Proposal

### ***Project Abstract***

This will be an abstract of your proposed project, including the population to be served and the performance measures to be used. Please describe each of the following:

1. Provide a brief description of the provider organization requesting funds including name, type of organization, services provided by the organization and geographic region served.
2. For all programs: Applications should include conflict of interest and code of ethics policies. In addition: Shelter programs should submit House Rules (He-M 314.08) and Grievance Procedures (He-M 314.09).
3. Describe the specific type and length of experience of all organizations involved in implementing the proposed project, including the project sponsor, housing and supportive service organizations, and any key subcontractors. Describe experience directly related to carrying out the proposed project and experience working with homeless people. Describe skills, credentials, and experience of staff that will be supporting this project. Specify how long proposed staff has been working on this project (if a renewal), or similar projects if a new project proposal. Specify average turnover rate for positions proposed and describe systems in place to train and orient new staff. Attach current résumés of executive director and other key personnel showing present employment. Résumés do not count toward page limitation.
4. Are housing services, which are not funded by this proposal, provided by your organization? If so, describe.
5. If your project structure will be constructed or rehabilitated, please describe experience in these areas and/or experience in contracting for and overseeing the rehabilitation or construction of housing.
6. **Program Description.** Provide a short description of the program. Begin with the type of program you are applying for.
  - (a) Explain the purpose of the program and how funding received will be used to achieve the purpose intended.
  - (b) Describe how proposed services will help homeless move to permanent housing. Include specifics regarding any increase in beds or services.
  - (c) Describe the housing where participants will reside. If you provide emergency shelter, give a physical description of the shelter and the space residents will occupy including any space that is handicap accessible and/or that meets ADA standards. If you are a prevention/intervention or PATH program, describe the housing where clients are generally found.
7. **Program Approach.** Describe the supportive services the project participants will receive. If services or housing are provided to your program participants by other agencies or



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programs, please describe them and how participants access them. Please address each item listed below separately:

- (a) How the participants' service and housing needs are assessed and tracked.
- (b) Describe other community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to program clients and describe the coordination with those organizations.
- (c) How the type and scale of the supportive services the participants will receive will fit their needs. If you are requesting funds for leasing, acquisition, or rehabilitation of a supportive services facility, please describe the activity(ies) to be undertaken.
- (d) Describe the accessibility of these services to the participants' housing.
- (e) How participants will be helped to achieve self-sufficiency to the maximum extent possible.

**8. Project Need.** Describe the nature and extent of the homeless need within the applicant agency's service area and detail the extent to which the proposed activities address this need. Include a description of the homeless population to be served by the project. Identify the following for the population to be served:

- (a) Describe your target population.
- (b) Describe observed gaps and needs in your Local Service Delivery Area current service system.
- (c) Explain how the program serves the target population and how it meets the needs described above.
- (d) If funding is being requested for new activity or capacity expansion, describe how this expansion meets the documented need.

**9. Coordination/Collaboration.**

- (a) Describe how the proposed program works with other key area programs and how partnerships benefit the clients or the program. How does your agency coordinate services with these organizations? Include at least three examples. (Do not include partnerships that involve only referrals between agencies.) Include a description of your agency participation in the Continuum of Care and the Local Service Delivery Area network as well as any other local planning, coordinating or assessment activities your program participates in.

**10. Cost Effectiveness and Leveraging.** Describe how your program leverages resources and services including how other funding sources, agencies and services are accessed to assist program participants. For each type of service proposed, include the following:

- (a) Describe/define the unit of service you will be providing.
- (b) What is the total cost per unit of service or bed/night in the program?

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(c) What is the amount per unit of service or bed/night you are requesting in this application?

**11. Performance measures.** Specify performance measures that will be used for each of the program goals and how success in meeting each goal will be measured. Please include both shelter and services in your discussion. The goals are to help program participants:

- (b) Obtain and remain in permanent housing;
- (c) Increase their skills and/or income; and
- (d) Achieve greater self-determination.

In developing performance measures for each program goal, think through the outcomes you want your project to achieve. Performance measures have three key components. First, they must relate to outcomes (e.g., the program participant will successfully complete substance abuse treatment) rather than inputs (e.g., the program participant will attend 25 substance abuse sessions). Second, they must have a timeframe for achievement. Third, they must have a percentage/number indicating a level of achievement.

You should develop performance measures that are appropriate and attainable given the population to be served and the shelter and/or services to be provided. The State recognizes that goal attainment may be limited; therefore, it will not necessarily consider low levels of achievement as indications of poor performance.

*Examples: (These are only examples; your performance measures and percentages may vary significantly.)*

**Emergency Shelter:** 90% of the people seeking shelter for any given night obtain safe shelter for that night.

**Prevention/Intervention:** The specific prevention activity (e.g., paying an electric bill so that power won't be shut off) will prevent homelessness and facilitate 60% of the program participants remaining in permanent housing for 1 month, 40% for 6 months.

**Prevention/Intervention:** By second contact, 90% of those unsheltered homeless will accept some form of assistance, including, but not limited to: emergency food, transportation, clothing, blankets, or cold-weather gear, contact with a family member, or other social supports (such as city/town welfare, or state benefits).

**Transitional shelter:** The specific service offered (e.g., budgeting skills training) will help 50% of the participants obtain permanent housing and retain it for 6 months.

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***Intended Use Plan (PATH proposals only)***

1. The State of New Hampshire's implementation of the PATH program requires an emphasis on the outreach to literally homeless PATH eligible individuals and their engagement in services. A PATH proposal **must list** which of the following PATH services will be provided with Federal PATH funds. Following is the list of PATH eligible services:
  - (a) Outreach; (Required)
  - (b) Screening and diagnostic treatment; (services)
  - (c) Community mental health (treatment);
  - (d) Alcohol (and) or drug treatment;
  - (e) Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where homeless individuals require services;
  - (f) Case management services, including:
    - 1) Preparing a plan for the provision of community mental health services to the eligible homeless individual involved, and reviewing such plan not less than once every 3 months;
    - 2) Providing assistance in obtaining and coordinating social and maintenance services for the eligible homeless individuals, including services relating to daily living activities, personal financial planning, transportation and habilitation and rehabilitation services, prevocational and vocational services, and housing services;
    - 3) Providing assistance to the eligible homeless individual in obtaining income support services, including housing assistance, food stamps, and supplemental security income benefits;
    - 4) Referring the eligible homeless individual for such other services as may be appropriate; and
    - 5) Providing representative payee services in accordance with Section 1631(a)(2) of the Social Security Act if the eligible homeless individual is receiving aid under title XVI of such act and if the applicant is designated by the Secretary to provide such services.
  - (g) Supportive and supervisory services in residential settings;
  - (h) Referrals for primary health services, job training, education services, and relevant housing services;
  - (i) Housing services [subject to Section 522(h)(1)] including:
    - 1) Planning of housing;
    - 2) Technical assistance in applying for housing assistance; and
    - 3) Improving the coordination of housing services.
2. Provide a description of **how** individuals are outreached and **how** services are provided.
3. Describe how suitable housing services will be found and made available to PATH-eligible individuals through your agency and/or in your service area. What are the available housing options and how will you assist PATH clients to access them?

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- 4.** Describe what services are available for clients who have both a serious mental illness and substance use disorder and how the special needs of homeless clients with co-occurring serious mental illness and substance use disorders will be met.
- 5.** How will the proposed staff providing services to the target population allocate their time? Outreach to unsheltered homeless? Outreach at shelters? Connecting homeless individuals to mainstream resources? (Please describe and give estimated percentages.)
- 6.** Describe applicant's initiatives and services that have demonstrated effectiveness in serving homeless veterans. Include the number of homeless veterans served in the past year.
- 7.** Describe strategies you will be using making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).
- 8.** Describe services in your catchment area that are available for clients who have both a serious mental illness and substance use disorder.
- 9.** What is the projected number of clients who will receive PATH-funded services from your program in FY 2008? Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).
- 10.** Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age, gender and racial/ethnics differences of clients; and (d) the extent to which staff receive periodic training in cultural competence. (See Appendix: "SAMHSA Guidelines for Cultural Competence.")
- 11.** Describe how homeless or formerly homeless and their family members will be involved and engaged on boards and committees as well as in the program planning, design, implementation and evaluation. Please include committees, peer services, focus groups and client satisfaction surveys. Address each level of your organization and the specific program being proposed. PATH providers must refer to Attachment "PATH Guidelines for Consumer and Family Participation", to answer this question.
- 12.** Indicate the numbers of homeless individuals with serious mental illnesses you estimate are in your region or the geographic area you serve. Indicate how you arrived at this estimate.

## 8. Cost Proposal

### ***Budget***

#### **PATH PROGRAM**

1. One dollar match for each \$3.00 in PATH funding is required, which is a 25%/75% share ratio.
2. Match must be related to the PATH program being funded and may include the following:
  - (a) Cash, anticipated or received, if it will be spent during the grant year, including anticipated state funds.
  - (b) In-kind (donations, volunteer time valued at \$10 per hour, professional services rendered on-site at customary value) during grant year. You must be able to document in-kind match through your audit.
  - (c) Loans such as mortgages or construction loans.

**Include Match Commitment Letter(s):** Commitment letters can be contingent on the agency receiving funding, but OHHTS will not contract funds without receipt of Match Commitment documentation.

3. The budget must be balanced and list both grant funds and matching funds. Match, in-kind and cash, must be listed as both revenue and expenditure.
4. If your proposed budget represents an increase over your current funding level, your Technical Proposal must specify what increase in service(s) will result from the budget increase proposed.
5. The proposal should include an identified PATH outreach position dedicated to conducting outreach, and other PATH-eligible services. PATH services equal to at least one full-time equivalency shall be available to the PATH program through the contractor.
6. Attach copies of job descriptions for proposed project staff (will not count toward page limitation for this response).

#### **EMERGENCY SHELTER PROGRAM OR PREVENTION INTERVENTION PROGRAM**

Each dollar in proposed Emergency Shelter funding must be matched. Match must be related to program being funded.

1. Match may include the following:
  - (a) Cash, anticipated or received, if it will be spent during the grant year, including anticipated state funds.
  - (b) In-kind (donations, volunteer time valued at \$10 per hour, professional services rendered on-site at customary value) during grant year. You must be able to document in-kind match through your audit.
  - (c) Loans such as mortgages or construction loans.

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(d) Real property depreciation may not be used as match.

(e) Federal regulations state that each recipient must match dollar for dollar from a source other than McKinney ESG funds. Match for McKinney ESG may be provided from other federal sources, but may not match with other McKinney funds.

**Include Match Commitment Letter(s):** Commitment letters can be contingent on the agency receiving funding, but OHHTS will not contract funds without receipt of Match Commitment documentation.

2. The budget must be balanced and list both grant funds and matching funds. Match, in-kind and cash, must be listed as both revenue and expenditure.
3. Add up your contracted Emergency Shelter funding from both SGIA and McKinney ESG during the current state biennium (SFY 06 & 07, July 1, 2005 through June 30, 2007). Be sure to count any McKinney calendar 2005 funding your project receives. *If your proposed budget represents an increase over your total current funding level calculated in this manner, your Technical Proposal must specify what increase in service(s) will result from the budget increase proposed.*

**PROPOSED 12-MONTH BUDGET**

Using the format provided on the following page, provide a full operating budget reflecting total revenues and costs associated with the program or shelter which the grant funds will assist. The budget should represent a 12-month grant period (i.e., July 1, 2007 through June 30, 2008 if PATH, or calendar year 2007 if Emergency Shelter).

**Be sure to specify which time period is covered by your proposed budget.**

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<b>12 MONTH BUDGET DETAIL</b>			<b>Income / Resources</b>				
	Total Organization All Programs (1)	This Program Total Budget (2)*	Cash Source (3)	Resident Fees (4)	Donations, In- Kind, etc. (5)	State/ Municipal (6)	Request OHHTS (7)
<i>Operations*:</i>							
Subtotal							
<i>Essential Services**:</i>							
Subtotal							
<i>Prevention:</i>							
Subtotal							
<b>GRAND TOTAL</b>							

- COLUMN (2) = COLUMNS 3 + 4 + 5 + 6 + 7 (NOTE: all costs must be reflected as a direct cost, not a % allocation)

**For Time Period From:\_\_\_\_\_To:\_\_\_\_\_**

\* Operations activities include emergency or transitional shelter maintenance, operation (including administration), rent, repair, security, fuels and equipment, insurance, utilities and furnishing.

\*\* Essential Services include the cost of staff that provide services concerned with employment, health, mental health, drug abuse and education/training and may include (but are not necessarily limited to): 1. Assistance in obtaining permanent housing; 2. Medical and psychological counseling and supervision; 3. Employment counseling; 4. Nutrition counseling; 5. Substance abuse treatment counseling; and 6. Assistance in obtaining other Federal, State and local assistance including mental health benefits, employment counseling, medical assistance, veteran's benefits, and income support assistance such as SSI, TANF, General Assistance, and Food Stamps.

## **BUDGET NARRATIVE**

In no more than three pages, explain your budget in words. Be sure to specify:

1. Position title and annual salary of each position proposed to be funded in whole or in part by award; please attach a brief job description for any position listed.
2. Percentage of salary Full Time Equivalency (FTE), (and dollar cost) for which PATH or Emergency Shelter funding is requested.
3. Labor fringe-benefit rate and dollar cost.
4. List match amounts and describe the specific source of match funds.

## **EXAMPLE PATH BUDGET NARRATIVE—**

### **Personnel**

Caseworker (Outreach Worker) – Provides outreach, case management, and diagnostic treatment. Provides assistance in obtaining and coordinating social and maintenance services including services related to daily living activities; personal financial planning; transportation; habilitation and rehabilitation services; prevocational and vocational services; and housing services.

Annual Salary - \$30,000 x 66% FTE = \$19,800

CSP Director - Provides clinical supervision of the Case Worker

Annual Salary - \$58,323 x 2.81% FTE = \$1,640

ES Clinician - Provides crisis intervention and outreach. Assesses clients at local hospitals/emergency rooms for hospitalization, urgent follow up with the psychiatrist, and/or referral to mental health services.

Annual Salary - \$35,942 x 7.5% FTE = \$2,696

Subtotal	\$24,136
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<b>Fringe Benefits (@27%)</b>	<b>\$ 6,516</b>
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Subtotal	<b>\$30,652</b>
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### **Travel**

Local travel for outreach team: for the Case Worker, who is out in the community, and the ES Clinician, who travels to 2 emergency rooms.

Reimbursement rate is .28/mile x 3118 = \$873	<b>\$873</b>
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### **Supplies**

General office supplies (i.e. paper, business cards, printer cartridges, pens, etc.) in order to maintain records and reporting of services. = \$375	<b>\$375</b>
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### **Other**

<b>Total</b>	<b>\$31,900</b>
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**Match** (One dollar for every three dollars of Federal PATH funds requested.)

United Way	\$2,100
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Local Community	\$3,500
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Donations	\$5,634
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<b>Total Match</b>	<b>\$10,634</b>
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Attachment A, Listing of Documents that will be needed at  
time of contracting

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## Documents Needed at Time of Contract Approval

- Signed and notarized General Provisions (P-37) (form provided by OHHTS)
- Signed and notarized Certificate of Vote (form provided by OHHTS)
- Budget page
- Most recent agency audit
- Certificate of Good Standing (OHHTS will be obtaining this directly from the Secretary of State's Office)
- Key personnel list and current resumes of key personnel
- Agency mission statement
- List of agency Board of Directors with addresses
- Certificate(s) of Insurance for General Liability and Worker's Compensation Insurance with the following listed as the Certificate Holder:

Office of Homeless, Housing and Transportation Services  
105 Pleasant Street  
Concord, NH 03301

- Exhibits D, E, F, G and H (forms provided by OHHTS)
- Copy of 501(c)3 designation
- Signed certification of local government approval (applicable to McKinney contracts only) (form provided by OHHTS)
- Current fire marshal inspection (for shelter operators only)
- List of geographic areas served
- Projected number of individuals anticipated to be served by the contract
- Copy of agency rules, policies and procedures; client rights/grievance procedures; agency brochure; and program rules and sanctions

## Attachment B, PATH Program Guidelines for Assessing Cultural Competence

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Applicants are advised that the following guidelines are used in assessing a PATH programs cultural competence.

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# Attachment B, PATH Program Guidelines for Assessing Cultural Competence

**Experience or track record of involvement with the target population** - The applicant organization should have a documented history of positive programmatic involvement with the population/community to be served; e.g., a history of involvement with the target population or community.

**Training and staffing** - The staff of the organization should have training in gender/age/cultural competence. Attention should be placed on staffing the initiative with people who are familiar with, or who are themselves members of, the population/community.

**Language** - If an organization is providing services to a multi-linguistic population, there should be multi-linguistic resources, including use of skilled bilingual and bicultural individuals whenever a significant percentage of the target population/community is more comfortable with a language other than English.

**Materials** - It should be demonstrated that material and products such as audio-visual materials, PSA's, training guides and print materials to be used in the project are gender/age/culturally appropriate or will be made consistent with the population/community to be served.

**Evaluation** - Program evaluation methods and instrument(s) should be appropriate to the population/community being served. There should be rationale for the use of the evaluation instrument(s) that are chosen, and the rationale should include a discussion of the validity of the instrument(s) in terms of the gender/age/culture of the group(s) targeted. The evaluators should be sensitized to the culture and familiar with the gender/age/culture whenever possible and practical.

**Community representation** - The population/community targeted to receive services should be a planned participant in all phases of program design. There should be an established mechanism to provide members, reflective of the target group to be served, with opportunities to influence and help shape the project's proposed activities and interventions. A community advisory council or board of directors of the organizations (with legitimate and working agreements) with decision-making authority should be established to affect the course and direction of the proposed project. Members of the targeted group should be represented on the council/board.

**Implementation** - There should be objective evidence/indicators in the application that the applicant organization understands the cultural aspects of the community that will contribute to the program's success and which will avoid pitfalls.

## Attachment C, PATH Guidelines for Consumer and Family Participation

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Applicants are advised that the following guidelines are used in assessing consumer and family participation in an agency providing PATH services

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# Attachment C, PATH Guidelines for Consumer and Family Participation

Applicants should have experience or track record of involving mental health consumers and their family members. The applicant organization should have a documented history of positive programmatic involvement of recipients of mental health services and their family members. This involvement should be meaningful and span all aspects of the organization's activities as described below:

**Program Mission** - An organization's mission should reflect the value of involving consumers and family members in order to improve outcomes.

**Program Planning** - Consumers and family members are involved in substantial numbers in the conceptualization of initiatives including identifying community needs, goals and objectives, and innovative approaches. This includes participation in grant application development including budget submissions. Approaches should also incorporate peer support methods.

**Training and Staffing** - The staff of the organization should have substantive training in and be familiar with consumer and family-related issues. Attention should be placed on staffing the initiative with people who are themselves consumers or family members. Such staff should be paid commensurate with their work and in parity with other staff.

**Informed Consent** - Recipients of project services should be fully informed of the benefits and risks of services and make a voluntary decision, without threats or coercion, to receive or reject services at any time.

**Rights Protection** - Consumers and family members must be fully informed of all of their rights including those designated by the President's Advisory Commission's Healthcare Consumer Bill of Rights and Responsibilities: information disclosure, choice of providers and plans, access to emergency services, participation in treatment decisions, respect and non-discrimination, confidentiality of healthcare information, complaints and appeals, and consumer responsibilities.

**Program Administration, Governance, and Policy Determination** - Consumers and family members should be hired in key management roles to provide project oversight and guidance. Consumers and family members should sit on all Boards of Directors, Steering Committees and Advisory bodies in meaningful numbers. Such members should be fully trained and compensated for their activities.

**Program Evaluation** - Consumers and family members should be integrally involved in designing and carrying out all research and program evaluation activities. This includes determining research questions, designing instruments, conducting surveys and other research methods, and analyzing data and determining conclusions. This includes consumers and family members being involved in all submission of journal articles. Evaluation and research should also include consumer satisfaction and dissatisfaction measures.